24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

Schedule E)	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Senate Conservatives Fund	
	C C00448696
Check if X 24-hour report 48-hour report New report Amends report filed	d on Mam / Dad / Yayayay
Full Name of Payee	Date of Public Distribution/Dissemination
Conservative Connector LLC	M M / D D / Y Y Y Y Y
Mailing Address 435 East Main St. Ste. 250	11 02 2014 Amount
014	
City State Zip Code Greenwood IN 46143-1464	6357.14 Transaction ID : EB2947BBB8A5D4395B7A
	Date of Disbursement or Obligation
Purpose of Expenditure IE-Sasse-Email List Rental Category/ Type	11 03 / 2014
Name of Federal Candidate Support Office	e Sought: House District:
Benjamin E Sasse Oppose	President State: NE State:
001011001 10 Bate	ursement For: Primary General
Per Election for Office Sought 123779.21 2014	Other (specify) ► General 2014
Full Name of Payee	Date of Public Distribution/Dissemination
	M = M / D = D / Y = Y = Y
Mailing Address	
	Amount
City State Zip Code	
	Date of Disbursement or Obligation
Purpose of Expenditure Category/	M = M / D = D / Y = Y = Y
Type	
Name of Federal Candidate Support Office	e Sought: House District:
Oppose	President Senate State:
Calendar Year-To-Date Disb	ursement For: Primary General
Per Election for Office Sought	Other (specify) ▶
-	
(a) SUBTOTAL of Itemized Independent Expenditures	6357.14
(b) SUBTOTAL of Unitemized Independent Expenditures	7 7 7
(c) TOTAL Independent Expenditures	
(c) TOTAL independent Experialities	6357.14
Under penalty of perjury I certify that the independent expenditures reported herein were not m with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	
Paul Vilores	
Buto	11 03 2014
Signature	